

0002

1000 MILWAUKEE AVENUE  
GLENVIEW, IL 60025  
Phone: 866-283-7122  
Fax: 847-953-5390

**AON RISK SERVICES**

INCOMING

2/007/004  
cc: 1/007/006 ✓  
2/007/003 8

**Fax**

To:	Risk Manager	From:	Aon Client Services (dxl)
Company:	State of Utah	Date:	Tuesday, January 06, 2004
Fax:	801-359-3940	Pages:	4 (including Cover Sheet)
CC:	Mary Wong	CC:	
Company:		Company:	
Fax:	410-689-7531	Fax:	
Client:	RAG American Coal - <input type="checkbox"/> Certificate(s) of Insurance <input type="checkbox"/> Auto ID Card(s)		

**•Comments:**

Attached, please find your proof of coverage document(s) as requested. Have a great day! ☺

**Aon Client Services**

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JAN 06 2004

DIV. OF OIL, GAS &amp; MINING

**SIGNATURE SERVICE**

**CONFIDENTIALITY NOTICE:** The materials enclosed with this facsimile transmission are private and confidential and are the property of the sender. The information contained in the material is privileged and is intended only for the use of the individual (s) or entity (ies) named above. If you are not the intended recipient, be advised that any unauthorized disclosure, copying, distribution or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. If you have received this facsimile transmission in error, please immediately notify us by telephone to arrange for return of the forwarded documents to us.

# Certificate of Insurance

*Illinois*  
C/007/0038

To: State of Utah  
Division of Oil, Gas and Mining  
1594 West North Temple, Suite 1210  
P.O. Box 145801  
Salt Lake City, UT 84114-5801

Re: Willowcreek Mine  
Permit No. ACT/007/038

Assured: RAG American Coal Holding, Inc. et al  
999 Corporate Blvd.  
Linthicum Heights, MD 21090

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 137-04	01/01/04 – 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
<b>Insurance Company(ies)</b> Insurance Corporation of Hanover			
Automobile Liability	AS2-641-004384-114	01/01/04 – 01/01/05	\$ 1,000,000 CSL Each Occurrence
<b>Insurance Company(ies)</b> Liberty Mutual Fire			
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 – 06/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease – Policy Limit \$1,000,000 Disease – Each Limit
<b>Insurance Company(ies)</b> Old Republic Insurance Company			
Excess Liability	ICH CU 231-04	01/01/04 – 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
<b>Insurance Company(ies)</b> Insurance Corporation of Hanover			

General Liability and Automobile Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions. General Liability policy includes X, C, U coverage.

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JAN 06 2004

DIV. OF OIL, GAS & MINING

The subscribing insurers' obligations under contracts of insurance to which they subscribe are several and not joint and are limited solely to the extent of their individual subscriptions. The subscribing insurers are not responsible for the subscription of any nonsubscribing insurer who for any reason does not satisfy all or part of its obligations.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy(ies) shown hereon. Should any of the above described policies be canceled before the expiration date thereof, this agency, on behalf of the issuing company(ies), will endeavor to mail 45 days written notice to the above named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company(ies) or this agency.

Aon Risk Services of Illinois, Inc.

Date: January 6, 2004

By: 

# Certificate of Insurance

**To:** State of Utah  
Division of Oil, Gas and Mining  
1594 West North Temple, Suite 1210  
P.O. Box 145801  
Salt Lake City, UT 84114-5801

**Re:** Star Point #1 & #2 Mine  
Permit No. ACT/007/006

*4/007/006*

**Assured:** RAG American Coal Holding Inc. et al  
999 Corporate Blvd.  
Linthicum Heights, MD 21090

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term, or condition of any contract or other document with respect to which this certificate may be issued or may pertain. The insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 137-04	01/01/04 – 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
Insurance Company(ies)	Insurance Corporation of Hanover		
Automobile Liability	AS2-641-004364-114	01/01/04 – 01/01/05	\$ 1,000,000 CSL Each Occurrence
Insurance Company(ies)	Liberty Mutual Fire		
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 – 06/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease – Policy Limit \$1,000,000 Disease – Each Limit
Insurance Company(ies)	Old Republic Insurance Company		
Excess Liability	ICH CU 231-04	01/01/04 – 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
Insurance Company(ies)	Insurance Corporation of Hanover		

General Liability and Automobile Liability include a blanket additional insured where required by written contract, but subject to the policy terms and conditions. General Liability policy includes X, C, U coverage.

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JAN 06 2004

DIV. OF OIL, GAS & MINING

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Aon Risk Services of Illinois, Inc.

Date: January 6, 2004

By: *[Signature]*

# Certificate of Insurance

**To:** State of Utah  
Division of Oil, Gas and Mining  
1594 West North Temple, Suite 1210  
P.O. Box 145801  
Salt Lake City, UT 84114-5801

**Re:** Castle Gate Mines  
Permit No. ACT/007/004, Folder No. 4  
Carbon County, Utah

**Assured:** RAG American Coal Holding, Inc. et al  
including Castlegate Holding Company  
999 Corporate Blvd.  
Linthicum Heights, MD 21090

*Inc. Co.*  
*c/007/004*

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Type of Insurance	Policy No.	Policy Period	Policy Limits/Values
Commercial General Liability	ICH GL 137-04	01/01/04 – 01/01/05	\$ 6,000,000 General Aggregate \$ 6,000,000 Products/Completed Operations Aggregate \$ 1,000,000 Personal and Advertising Injury \$ 1,000,000 Each Occurrence \$ 1,000,000 Fire Damage (Any One Fire) \$ 10,000 Medical Expense (Any One Person)
<b>Insurance Company(ies)</b> Insurance Corporation of Hanover			
Automobile Liability	AS2-641-004364-114	01/01/04 – 01/01/05	\$ 1,000,000 CSL Each Occurrence
<b>Insurance Company(ies)</b> Liberty Mutual Fire			
Worker's Compensation Employer's Liability	OC 017049-06	06/30/03 – 06/30/04	WC Statutory EL: \$1,000,000 Each Accident \$1,000,000 Disease – Policy Limit \$1,000,000 Disease – Each Limit
<b>Insurance Company(ies)</b> Old Republic Insurance Company			
Excess Liability	ICH CU 231-04	01/01/04 – 01/01/05	\$1,000,000 Each Loss and in the aggregate as per Form, excess scheduled underlying.
<b>Insurance Company(ies)</b> Insurance Corporation of Hanover			

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Aon Risk Services of Illinois, Inc.

Date: January 6, 2004

By: *[Signature]*